



## Orion Portfolio Solutions, LLC ACH ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments. By your signature below, you authorize Orion Portfolio Solutions, LLC ("OPS") to initiate entries to the account at the depository financial institution identified below. Please complete the form in full and return to the attention of the Vendor Maintenance Department either by mail, e-mail, or fax. Please include a copy of a voided check (or letter from your financial institution) and a completed W-9. This authorization will remain in effect until OPS receives written notification from you. *Please note:* if a voided check is not provided, OPS will not be held responsible for any errors that occur due to inaccurate information.

Address: Orion  
17605 Wright Street  
Omaha, NE 68130

E-mail: VendorMaintenance@orion.com  
Fax: 402-431-4441

### FIRM NAME

<b>FIRM NAME</b>			
NAME:		<input type="checkbox"/> BROKER DEALER	<input type="checkbox"/> RIA
		<input type="checkbox"/> STRATEGIST	

### PAYEE INFORMATION

<b>PAYEE INFORMATION</b>			
PAYEE NAME:	SSN NO. OR TAXPAYER ID NO.:		
ADDRESS:			
CONTACT PERSON NAME:	CONTACT PERSON EMAIL ADDRESS:		
SIGNATURE OF AUTHORIZED OFFICIAL:	Title:	Date:	TELEPHONE NUMBER:

### PAYEE/ FINANCIAL INSTITUTION INFORMATION

<b>PAYEE/ FINANCIAL INSTITUTION INFORMATION</b>	
BANK NAME:	
BANK ADDRESS:	
	TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER: _____	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	

### FEE CONTACT(S)

<b>FEE CONTACT(S)</b>		
NAME:	PHONE:	E-MAIL:
NAME:	PHONE:	E-MAIL:
NAME:	PHONE:	E-MAIL: